

FORM A 19-1A (Rev. 1/91)										STATE OF WASHINGTON INVOICE VOUCHER																													
AGENCY NAME																																							
WA DEPARTMENT OF SOCIAL & HEALTH SERVICES ESA/CSD P.O. BOX 45470, 712 PEAR ST. SE OLYMPIA, WA 98504-5470																																							
VENDOR OR CLAIMANT (Warrant is to be payable to)																																							
CBO Name and Address																																							
FEDERAL I.D. NO. SOCIAL SECURITY NO.(for reporting personal service contract payments to I.R.S)																																							
										RECEIVED BY					DATE RECEIVED																								
DATE		DESCRIPTION								Program Indexes		Total Expenditures 100%			Reimbursable Expenditures																								
		RISE FFY16 CARES of Washington																																					
		CONTRACT #1512-50100																																					
		FOR THE MONTH ENDING:																																					
		100% Administration								F8361		\$0.00			\$0.00																								
		Includes "Other" from the contract exhibit C (tuition, in-directs																																					
		100% Participant Reimbursement																																					
		Transportation								F8362		\$0.00			\$0.00																								
		Basic Educational								F8363		\$0.00			\$0.00																								
		Clothing								F8364		\$0.00			\$0.00																								
		Other Participant reimbursement costs								F8365		\$0.00			\$0.00																								
		Books/Supplies										\$0.00			\$0.00																								
		Other Participant reimbursement costs								F8366																													
		Emergency Services/Housing, etc.										\$0.00			\$0.00																								
		Child Care								F8367																													
		Medical Services								F8368		\$0.00			\$0.00																								
		TOTAL										\$0.00			\$0.00																								
PREPARED BY										TELEPHONE NUMBER					DATE					AGENCY APPROVAL					DATE														
										CURRENT DOC. NO.					REF. DOC. NO.					VENDOR NUMBER					VENDOR MESSAGE					USE TAX					UBI NUMBER				
																				####					Cont #														
REF DOC SUF	TRANS CODE	M O D	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	BUD UNIT	MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER																							
	210		001	FA	F8361	NB	1121	F736	2016			6FE5	01	00																									
	210		001	FA	F8362	NB	1121	F736	2016			6FE5	01	00																									
	210		001	FA	F8365	NB	1121	F736	2016			6FE5	01	00																									
ACCOUNTING APPROVAL FOR PAYMENT										DATE					WARRANT TOTAL					WARRANT NUMBER																			